

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2008 OCT 20 AM 11:05

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Hancock County Democratic Party

**IMPORTANT:** Indicate by # type of committee you are reporting for: 4

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidates ( 6 ) City Candidates ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9082

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A October 14, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

2,220.08

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

3,255.17

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

5,475.25

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

1,642.30

Schedule F: Loan Repayments total (Attach Schedule F)

3,832.95

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Receipt Form

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hancock County Democratic Party

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/02/2008	ID# CK# 1310	Gloria Goll Klemme, IA 50449	Reimbursement for the cost of ticket printing by Carter Printing of 1739 East Grand Ave- Des Moines, IA	\$ 75.70
09/08/2008	ID# CK# 1311	North Iowa Cultural Center 460 North Shore Drive Clear Lake, IA 50428	Bartending staff for the Wingding fundraising event	70.00
09/08/2008	ID# CK# 1312	Classic Catering Sheryl Klevel 2415 Union Ave Garner, Ia 50436	Cost of food for the Wingding fund raising event.	1440.00
10/06/2008	ID# CK# 1313	Gloria Goll Klemme, IA 50449	Reimbursement for: Flag for Hancock fair booth-\$34.10 75 postcards -\$22.50	56.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1642.30
TOTAL (If last page of this schedule)				\$ 1642.30

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

**For Instructions, See Back of Form**

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

## Ranger Review

## SCHEDULE

A

(Rev. 07/03)

## MONETARY RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

**Hancock County Democratic Party**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DDYYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/30/2008	ID# CK#	Cerro Cordo County Democratic Committee Mason City, IA 50401-Reimbursement for their share of the Wingding fund raising event's expenses		\$1052.50	<input checked="" type="checkbox"/>
09/30/2008	ID# CK#	Winnebago County Democratic Committee Forest City, IA 50436-Reimbursement for their share of the Wingding fund raising event's		374.67	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1427.17	
TOTAL (if last page of this schedule)				\$ 3255.17	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Receipt Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Hancock County Democratic Party

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/14/2008	ID# CK#	"unitemized live auction proceeds"		\$63.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 2619	Janet Wann 413 S. Carolina Ave Mason City, IA 50401		25.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 2756	Dean A. Genth 5 Creekside Court Mason City, IA 50401		250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 338.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Hancock County Democratic Party

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/14/2008	ID# CK#	"unitemized contributions"		\$105.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 5690	Jean M. Casey 118 N. 10th St. Clear Lake, IA 50428-1756		75.00	<input checked="" type="checkbox"/>
0/14/2008	ID# CK# 9615	Bert Priebe 2106 100th Algona, IA 50511		90.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 270.00	
<b>TOTAL (If last page of this schedule)</b>				\$	

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

React Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Hancock County Democratic Party

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/14/2008	ID# CK#	"unitemized contributions"		\$ 120.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 1998	Barb Thompson 1280 120 th St. Kanawha, IA 50447-8062		300.00	<input checked="" type="checkbox"/>
08/09/2008	ID# CK# 6968	Gary Geiner 611 6th ST. SW Britt, IA 50423		120.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 7086	Nola Waddingham 1420 Yale Ave Meservey, IA 50457		60.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 5599	Glen Alden 1957 Taft Avenue Garner, IA 50438-8713		60.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 6840	Karen Springer 2215 200th Street Garner, IA 50438-8733		60.00	<input checked="" type="checkbox"/>
08/12/2008	ID# CK# 1256	Gloria A. Goll 2405 160th ST. Klemme, IA 50449-8035		90.00	<input checked="" type="checkbox"/>
08/12/2008	ID# CK# 7711	Sue Hall 2040 310th Street Forest City, IA 50436-9428		90.00	<input checked="" type="checkbox"/>
08/12/2008	ID# CK# 5486	Phyllis Sobek 1455 Welsh Ave Klemme, IA 50449		60.00	<input checked="" type="checkbox"/>
08/11/2008	ID# CK# 2272	Charlotte Christie 1735 Palm Ave Garner, IA 50438		60.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1020.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Hancock County Democratic Party

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/07/2008	ID# CK# 5029	Alan Marken 204 S. 12th Street Clear Lake, IA 50428		\$ 60.00	<input checked="" type="checkbox"/>
08/11/2008	ID# CK# 3864	Elda M. Stone 8 Nelson St. Ventura, IA 50482		30.00	<input checked="" type="checkbox"/>
08/14/2008	ID# CK# 11526	Tim Anderson 165 E. 4th St Garner, IA 50438		30.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 120.00	
<b>TOTAL (If last page of this schedule)</b>				\$	

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(for Schedule A)





**For Instructions, See Back of Form**

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

## Reset Focus

## SCHEDULE

A

(Rev. 07/03)

## MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**Hancock County Democratic Party**

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<b>DATE RECEIVED</b>	<b>PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER</b>	<b>NAME AND ADDRESS OF CONTRIBUTOR</b>	<b>RELATIONSHIP TO CANDIDATE*</b> <i>(if applicable)</i>	<b>AMOUNT RECEIVED</b>	<b>✓ IF FOR FUND- RAISER INCOME</b>
09/02/2008	ID#  CK#	"unitemized contributions"		\$ 30.00	<input checked="" type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 30.00	
<b>TOTAL (<i>If last page of this schedule</i>)</b>				\$ _____	

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(for Schedule A)